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## Application of Doctor Number

Substitute for Form PTO-875

Application or District Number  
11050133

(Column 1)	(Column 2)
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### SMALL ENTITY

**OR**

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))		
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(n))	13	minus 13
INDEPENDENT CLAIMS (37 CFR 1.16(h))	2	minus 2
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**APPLICATION AS AMENDED – PART II**

(Column 1)	(Column 2)	(Column 3)
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**SMALL ENTITY**

08

OTHER THAN  
SMALL ENTITY

AMENDMENT A	4/3/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																								
	Total (37 CFR 1.16(d))	13	Minus	20	/																								
	Independent (37 CFR 1.16(h))	2	Minus	3																									
	Application Size Fee (37 CFR 1.16(s))																												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))																												
<table><tr><th colspan="2">SMALL ENTITY</th><th colspan="2">SMALL ENTITY</th></tr><tr><th>RATE (\$)</th><th>ADDITIONAL FEE (\$)</th><th>RATE (\$)</th><th>ADDITIONAL FEE (\$)</th></tr><tr><td>x</td><td>=</td><td>x</td><td>=</td></tr><tr><td>x</td><td>=</td><td>x</td><td>=</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>TOTAL ADD'L FEE</td><td></td><td>TOTAL ADD'L FEE</td><td></td></tr></table>						SMALL ENTITY		SMALL ENTITY		RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)	x	=	x	=	x	=	x	=					TOTAL ADD'L FEE		TOTAL ADD'L FEE	
SMALL ENTITY		SMALL ENTITY																											
RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)																										
x	=	x	=																										
x	=	x	=																										
TOTAL ADD'L FEE		TOTAL ADD'L FEE																											

TOTAL  
ADD'L FEE

OR

TOTAL  
ADDL FEE

(Column 1)	(Column 2)	(Column 3)
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**RATE (\$)**

\* ADDI-

**RATE (\$)**

ADOL

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(f))	*	Minus	**	=		X	=		X	=
	Independent (37 CFR 1.16(h))	*	Minus	***	=		X	=		X	=
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										
						TOTAL ADDITIONAL FEE			TOTAL ADDITIONAL FEE		

TOTAL  
ADD'L FEE

**OR**

**TOTAL  
ADDL FEE**

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
  - If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.**